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PTO/SB/21 (09-04)

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Under the Paperwork Reduction Act of 199	Application Number	10/613,		displays a valid OMB control number.					
TRANSMITTAL	Filing Date		July 2, 2003						
FORM	First Named Inventor	Rimba	Rimback et al.						
	Art Unit	3634	3634						
(to be used for all correspondence after initia	Examiner Name	Robert	Robert W. Gibson						
Total Number of Pages in This Submission	20 Attorney Docket Number	48334	5-538						
ENCLOSURES (Check all that apply)									
Fee Transmittal Form	Drawing(s)  Licensing-related Papers		Appeal	llowance Communication to TC  Communication to Board					
Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C Remarks The Commissioner is hereby a (including the fee for any externation of the composit Acet, No.: 20,0809	Address  D  uthorized to	of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  Return Postcard; Check  rized to charge any additional fees required of time), or to credit any overpayment,						
	ATURE OF APPLICANT, ATTO	ORNEY, C	R AGENT						
Firm Name Thompson Hine LLP 2000 Courthouse Pla		avton Ohi	o 45402-1758						
2000 Cgurthouse Plaza N.E., 10 West Second Street, Dayton, Ohio 45402-1758  Signature									
Printed name Steven J. Elleman									
Date 1/6/06		Reg. No.	41,733						
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:									
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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). **Application Number** 10/613,662 FEE TRANSMITT 07/02/2003 Filing Date For FY 2005 First Named Inventor Rimback et al. Robert W. Gibson **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3634 TOTAL AMOUNT OF PAYMENT (\$) 950.00 Attorney Docket No. 483345-538 METHOD OF PAYMENT (check all that apply) ✓ Check Credit Card Money Order Other (please identify): None Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 Design 100 130 100 50 65 Plant 200 100 300 160 80 150 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 360 Total Claims 49 Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) or HP = 10 x 50 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims 7 **Extra Claims** Fee (\$) Fee Paid (\$)

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HP = highest number of inde	ependent claims paid for,	, if greater than	3					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additiona	d 50 sheets or fract	ion thereof.	See 35 U.S.C. 41(a)(1)(G) and 37 CFF	R 1.16(s).				
Total Sheets	Extra Sheets	Number of	of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 -		0 -	(round up to a whole number) v		_			

Non-English Specification, \$130 fee (no small entity discount)
Other: Two month extension of time

Fees Paid (\$)

450.00

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Page 1/6/06

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